

FIELD TRIP PERMISSION SLIP

FIELD TRIP DESCRIPTION

Destination: _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

Description/Special Notes: _____

Sponsored by (Teacher/Department): _____

Meal Information: _____

Special Clothing: _____

PLEASE SIGN & RETURN PERMISSION SLIP TO TEACHER

I give permission for _____ to go on this field trip and
STUDENT NAME
authorize a representative of the school to act accordingly and seek medical attention if needed
for my child.

PARENT SIGNATURE

DATE

_____ My child will need to take **medication** while on this field trip.

_____ My child will bring his/her lunch from home.

_____ My child will need a *bag lunch* provided by the cafeteria at regular school nutrition cost.

_____ I would like to be considered to participate as a chaperone.

Adopted: 5/17/18